

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000068026

FILED  
Mar 02, 2010  
Secretary of State

**Entity Name:** CORNERSTONE DENTAL PL

**Current Principal Place of Business:**

4009 NORTH TAMPA RD  
SUITE 6  
OLDSMAR, FL 34677

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 18452  
TAMPA, FL 33679

**New Mailing Address:**

FEI Number: 27-0931647

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FRANKLIN, KEVIN A DR  
3110 W SAN MIGUEL  
TAMPA, FL 33629 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: FRANKLIN, KEVIN A DR  
Address: 3110 W SAN MIGUEL  
City-St-Zip: TAMPA, FL 33629

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KEVIN A FRANKLIN

MGR

03/02/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date